# Bright Futures Case Studies: Synthesis of Findings from Six States

Beth Zimmerman, M.H.S.
Valerie Gwinner, M.P.P., M.A.

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**Health Systems Research, Inc.** | 1200 18th Street NW Suite 700 | Washington DC 20036
Telephone: 202.828.5100 | Fax: 202.728.9469 | www.hsrnet.com

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This report presents a synthesis of the findings from a series of case studies exploring how the Bright Futures for Infants, Children, and Adolescents initiative has been used in six States to promote children's health. The case studies were conducted by Health Systems Research, Inc. (HSR) for the Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau (MCHB) as part of the first national evaluation of Bright Futures. The purpose of the case studies is to provide an indepth look at the multiple ways in which Bright Futures has been used at the State level to create a broader, more comprehensive vision of child health and to expand the range and types of individuals engaged in promoting bright futures for all children.

## Background

The Bright Futures for Infants, Children, and Adolescents initiative was launched in 1990, with support from MCHB and from the Medicaid Bureau of the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services). It was designed to improve the quality of health services for children through health promotion and disease prevention, using a developmentally based approach to address children's physical and psychosocial needs within their family and community context. The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children from birth through age 21 titled *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents,* published initially in 1994 and as a second edition in 2000.[1]

1 A third edition, being developed under the leadership of the American Academy of Pediatrics (AAP), will be released in 2007.

The national evaluation of Bright Futures has included both a process evaluation and an outcome evaluation plan. The State case studies and this synthesis report represent some of the products of that plan.

The case studies describe the Bright Futures stories in six States, including Georgia, Louisiana, Maine, South Carolina, Virginia, and Washington. This report presents the cross-site findings from those case studies. After an initial discussion of the methodology used to conduct this project, the report presents a synthesis of case study findings that addresses the following topics:

**Bright Futures is a national health promotion and disease prevention initiative that uses a developmentally-based approach to address children's physical and psychosocial needs within their family and community context.**

- Factors that facilitate the adoption of Bright Futures at the State level
- Why Bright Futures is used
- Who uses Bright Futures
- How Bright Futures is being used
- Challenges in using Bright Futures and strategies for addressing them
- Sustainability of Bright Futures.

The report concludes by presenting areas for national-level focus, as suggested by key informants, for supporting the ongoing use of Bright Futures as part of child health improvement efforts.

HSR's Bright Futures evaluation products are all available on HSR's Bright Futures Web page at **www.hsrnet.com/brightfutures.** Those products include this synthesis report, the six individual State case studies, the process evaluation report, and a how-to guide on promoting the use of Bright Futures in States and communities. Also available at this site are links to an array of Bright Futures training and educational resources.

## Methodology

The case studies were conducted using qualitative research methods to gather data about the use of Bright Futures in selected States. Nine States were identified as potential case study sites, based largely on the findings of the process evaluation indicating their active use of Bright Futures as part of State public health initiatives to improve child health. After initial conversations with these, the six States indicated above were selected to participate in the study.[2]

Working in collaboration with MCHB, HSR developed several overarching research questions to guide the study. These are presented in Table 1.

Based on these research questions, HSR developed a discussion guide to frame the key-informant interviews, the vehicle through which data for the case studies was gathered. The discussion guide addressed the following broad areas:

- Background on the key informant's organization/agency
- Organization/key informant's introduction to Bright Futures
- Bright Futures infrastructure
- Use of Bright Futures
- Bright Futures partnerships
- Outcomes of Bright Futures use
- Lessons learned
- Plans for the future.

Key-informant interviews were conducted by HSR researchers in person or by telephone

**Table 1.**
**Research Questions**

| |
|---|
| ▪ Why was Bright Futures selected for use by States? What components/attributes of Bright Futures were thought to be of value to their efforts? |
| ▪ What components/attributes of Bright Futures are actually being employed to achieve State public health goals and objectives? |
| ▪ What has been States' experience using Bright Futures? What has been the perceived value of adopting Bright Futures? Were there any unanticipated benefits or problems? |
| ▪ What are the core elements of successful State/local Bright Futures implementation efforts? |
| ▪ How have States and communities provided leadership in implementing Bright Futures? |
| ▪ How is Bright Futures being integrated into ongoing child health promotion systems at the State and community levels? |

2 The three States identified as potential sites that were not included in the study included Illinois, Kansas, and Massachusetts. In these cases, State officials generally did not believe there was enough information available to develop a case study.

during mid-2005. HSR researchers conducted site visits to two of the States – Washington and Virginia – and interviewed key informants by telephone in the remaining four States. Whether carried out in person or by phone, HSR worked closely with a main contact in each State to identify a range of key informants using Bright Futures at both at the State and community levels. Depending on the State, key-informants in the case study sites may have included officials from State and local departments of health and other public agencies, the private provider community, and staff members of home visiting programs, Head Start, and other community-based programs. (A list of key-informants for each State is provided at the end of each case study report.)

## Synthesis of Case Study Findings

The individual case study reports explore the varying contexts in which Bright Futures was adopted, how use of Bright Futures evolved, and the diverse forms it has taken. They also look at the challenges encountered and lessons learned in each of the six individual case study States. This report considers the overarching findings and lessons that can be drawn from a cross-site review – punctuated with specific examples drawn from the study States. The aim of this report is to provide a synthesis of information that may serve to enlighten other States and localities interested in adopting or expanding their use of Bright Futures to help promote the health of children.

### Factors Facilitating Bright Futures Adoption at the State Level

Bright Futures was designed as a national initiative meant to be used in multiple and diverse settings throughout the United States. Significant efforts were made early in the development of the Bright Futures materials to disseminate them widely and spread knowledge about and understanding of the program. As a result, there are many examples all across the country of ways in which Bright Futures has been or currently is being used in training, family and community outreach, and public and private health practice – examples that are highlighted in the Bright Futures process evaluation report. However, among all of these examples, six States stood out for having most actively integrated Bright Futures and adopted it as a formal or systematic component of their child health promotion efforts.

It is clear from these six case studies that the adoption of Bright Futures on a larger scale at the State level is not a matter of simple policy or program changes. Instead, it is highly dependent on a convergence of several key factors, which may vary slightly from one State to another but generally include:

- The presence of Bright Futures champions
- A State policy environment that values prevention, systems integration, or both
- The identification of a specific need – such as for strengthened child health standards – that can be addressed with Bright Futures
- The existence of periods of change – such as shifts in staff, administration, or reporting

requirements – that may provide opportunities for introducing new approaches

- The ability to pursue multiple and varied strategies for spreading awareness and use of Bright Futures.

These and additional related factors also help determine a State's ability to sustain a Bright Futures initiative over time, as discussed later in this report.

## Why Bright Futures Is Used

Numerous reasons were cited by key informants in describing why they had chosen to use Bright Futures within their State health department, particular program, or private practice. Taken together these underscore particular attributes of Bright Futures that make it especially useful and applicable to efforts aimed at improving the quality of children's health care through training, education, policy development, and clinical practice. These attributes include:

- **The focus on prevention.** This aspect of Bright Futures is frequently identified by public health professionals and private practitioners as a key reason that the initiative was initially seen as a good fit with their policy priorities or practice styles. For example, the prevention focus of Bright Futures fit very well with the South Carolina Division of Oral Health's guiding principles which specifically identify prevention as a priority. This attribute was also central to the Louisiana Office of Public Health's adoption of Bright Futures as a resource in developing preventative approaches for improving infant health and reducing mental health problems. In Virginia, the prevention base was important not only for initiating interest in Bright Futures but also for maintaining buy-in through changes in staff and State administrations.

- **The family-centered and community-oriented approach of Bright Futures.** Similar to the prevention focus of Bright Futures noted above, these factors are priorities across multiple State health administrations. For example, in Virginia, the family focus of Bright Futures helped to overcome the reservations toward the program of a new State Health Commissioner. In Georgia and Louisiana, educating and empowering parents was central to efforts to improve child health outcomes at the State level. In Washington, several local initiatives and Head Start programs were attracted to the parent education components of Bright Futures, which they viewed as both parent-friendly and comprehensive. They took this interest further by developing accordion-style family health organizers to help parents be more informed and engaged in their children's health care.

> "Bright Futures came along at the right time, providing a needed emphasis on social history and family context, especially parental concerns."
>
> – State Public Health Employee, Louisiana

- **The comprehensiveness of Bright Futures and its organization around developmental periods.** These factors help make Bright Futures a useful vehicle for reaching a large number of children of different ages and

with diverse health and developmental needs. For example in Georgia, the State Medicaid staff identified Bright Futures as being a "perfect fit" for the State's Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program due to the developmental focus, the match with EPSDT periodicity schedules, and its step-by-step description of anticipatory guidance. In Maine, the comprehensive scope of Bright Futures, including its focus on primary care and inclusion of oral and mental health, was determined to provide an appropriate and useful standard of care for the State. The ability to find comprehensive and consistent types of information for children of all age ranges – for example, by providers who see many children of multiple ages in the course of one day or by outreach workers whose clients may include both teenage mothers and their infants – was also cited frequently as a strong attribute of Bright Futures.

> "The *Bright Futures in Practice: Oral Health* guide is a very useful resource. It discusses oral health issues in a way that is easily understood by nondental professionals and emphasizes oral health as part of overall health."
>
> –State Dental Consultant, Georgia

- **Bright Futures provides a framework and common language that can appeal to broad audiences and across diverse disciplines.** Key informants describe the usefulness of Bright Futures in creating a common ground on which to unite individuals from different departments or disciplines around a shared focus on improving child health. This has facilitated cross-agency and interdepartmental collaborations at the State level. In addition, the clear and concise language of the Bright Futures materials has promoted interdisciplinary training and understanding. For example, Bright Futures oral health and mental health materials have been used in multiple States to train nonspecialists and facilitate interdisciplinary program coordination.

- **The Bright Futures materials are attractive, easy to use, and flexible.** These features are repeatedly cited as reasons for using the Bright Futures materials within health departments, in private practice, and with families and the community. For example, key informants in Maine described the materials as containing substantive information organized in an easy-to-access manner. In addition, the fact that they are updated and revised by MCHB and AAP is an important advantage.

> "The Bright Futures materials contain substantive information organized in an easy-to-access manner."
>
> – Key Informant, Department of Health and Human Services, Maine

- **The Bright Futures materials are useful resources for training programs.** They provide useful tools to support trainings in multiple public and private practice settings for both preservice and in-service training. Some of the features of the materials that respondents found particularly useful included the fact that the content is well-organized and acces-

sible, the language is clear, and the information and anticipatory guidance help prepare providers for real world situations with children and families.

- **The broad support for Bright Futures by major health professional associations and organizations involved with children's health and development.** This helps build a support network for Bright Futures and reduces potential resistance to the Bright Futures guidelines or philosophy.

In addition to these particular aspects of Bright Futures that appealed to key informants, two broad reasons were identified which explain the impetus for the adoption of Bright Futures. One is associated with the notion of "fit"; that is, for many individuals and States using Bright Futures, the compelling reason for doing so is because its philosophy and attributes reflect their key values. This connection was observed not only in State health departments and programs but also within private pediatric settings, where the focus on prevention, anticipatory guidance, families, and developmental approaches reflect the values of the individual practitioners.

The second overarching reason for adopting Bright Futures to emerge from these case studies is that it provides a solution to one or more needs or problems. Among those issues that Bright Futures was identified as helping to address were enhancing the content and consistency of child health supervision; helping to bring people together around a common goal of improving health for children and with a common language; building consistency and comprehensiveness across programs, disciplines, and practice settings; and facilitating the integration of families and community partners in child health promotion.

**Bright Futures is often adopted as a solution to a need or problem.**

## Who Is Using Bright Futures

Much consideration was given during the development of Bright Futures regarding the intended audience for this initiative. From the start, the audience that was envisioned for Bright Futures included providers, families, and community representatives or entities – building on the concept that each of these groups represents important partners in the promotion of healthy children. From these case studies, it is clear that all of those audiences are represented among Bright Futures users and that the range of individuals and entities that are using Bright Futures is quite diverse and varied.

Within the State health and social services departments represented in these case studies, there was a broad range of individuals and offices engaged in the use and promotion of Bright Futures. These included representatives from areas such as family health services, Medicaid, oral health, home visiting and case management programs, adoption and foster care, mental health and substance abuse, nutrition, health education, public health nursing, quality management, school health, and child care provision and licensing. In several cases, the State Governor also was involved in initiatives and activities integrating Bright Futures.

In addition, Bright Futures was being used by multiple individuals and groups at the local and regional levels. Examples that emerged from these case studies included representatives from private practice, school health, nursing, medical schools, State AAP Chapters, child care providers, families, Head Start organizations, family support programs, diverse healthy child programs, and community entities, such as the Children's Museum of Richmond, VA. The types of health care providers involved in using Bright Futures are quite diverse as well. Examples include pediatricians, nurse practitioners, medical students and residents, school nurses, dentists and other oral health professionals, nutritionists, mental health providers, and lay outreach workers. Private partners also have supported the dissemination of Bright Futures materials and activities. For example, Henrico County in Virginia partnered with a local hospital to develop a Bright Futures-inspired folder for families to keep track of their children's immunizations and health records.

**The range of individuals and entities using Bright Futures is wide and varied. A few examples from these case studies illustrate their diversity:**

- Port Gamble S'Klallam Tribe Head Start
- Richmond Children's Museum
- Child care licensing agents
- Pediatric residents
- School nurses
- State AAP chapters.

## How Bright Futures Is Being Used

Describing how Bright Futures is used is complex because of the multiple and diverse ways in which it is implemented. This is entirely consistent with the nature of Bright Futures, which was developed for multiple uses and widely disseminated to encourage a broad and diverse application. In practice, Bright Futures is indeed a patchwork of activities – often happening independently of each other or crossing paths in both planned and unplanned ways.

To capture the breadth and depth of the ways in which Bright Futures is being used in the six case study States, this section is organized according to several major categories of activity: policy development and program planning, professional education and training, clinical practice, outreach and education to families/communities, and systems integration. It is important to note that, given the public health focus of these case studies, most of this information is based on examples from public health policy, planning, and practice; additional examples from private practice settings are included where available.

### Policy Development and Program Planning

Bright Futures has been used to guide the development of policies and plans aimed at improving the quality of children's health care and children's health outcomes. Some have used Bright Futures as a tool for improving State performance on key child health indicators. Others have looked to Bright Futures as a standard for child health care. Integrating Bright Futures into policies and plans has also been an important strategy for institutionaliz-

ing the philosophy and approaches to care espoused by Bright Futures.

**Responding to poor health outcomes.** In several cases the adoption of Bright Futures at the State level was a direct response to poor State health outcomes or low performance standards. The following examples illustrate three States that used Bright Futures in these circumstances:

- In Louisiana, there was an identified need for a comprehensive approach by the public health system to respond to high rates of infant mortality, low birthweight, and child maltreatment. The Bright Futures prevention-focused approach and materials were used to train public health nurses, nutritionists, and other professionals to improve interviewing and counseling skills, use anticipatory guidance, and increase health promotion with families. In addition, Louisiana State policymakers used Bright Futures as a guide for revising the nutrition services offered by local agencies through the Supplemental Food Program for Women, Infants, and Children (WIC).

- In Georgia, the State integrated Bright Futures into its EPSDT program, called Health Check, as part of its efforts to improve performance on certain child health benchmarks (e.g., child abuse and neglect, parent education, mental health). The family education and resource materials from Bright Futures have been identified as important resources in helping the program to meet its quality review standards and Medicaid requirements to include anticipatory guidance in EPSDT.

- In South Carolina, Bright Futures was used within the context of a statewide initiative led by the Governor to improve school performance that recognized the role of health in academic achievement. A survey of school nurses identified oral health as a top priority issue, and the State Oral Health Director spearheaded the development of Bright Futures-based formal oral health guidelines for schools in South Carolina.

**Developing new State standards for child health.** Some States have used Bright Futures more specifically as the framework for developing a new State standard of health care for children and adolescents. For example:

- In Maine, the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* have been applied as the standard of care for physicians enrolled as providers in the State's public insurance programs. Bright Future also was used in Maine to revise the State nursing standards, including those related to school nurses. As a way to help promote and integrate the use of Bright Futures as the standard of quality across the State, the Maine Medicaid/State Children's Health Insurance Program (SCHIP) program developed new clinical forms based on Bright Futures to be used for all recommended well-child visits. Providers who complete the forms are reimbursed at an enhanced rate.

- In Washington Bright Futures was used as the framework to improve Medicaid and EPSDT services for children from birth to age five using interdisciplinary partnerships among family practice, pediatric, and other

children's services providers with a focus on early child health and development. With a grant from the Commonwealth Fund, the State launched a pilot of this project working with families in Head Start, Tribal health centers, and other public health venues in Whatcom County.

- In Georgia, Bright Futures has been used as a resource to develop new dental screening requirements for school-aged children and as a source for updating manuals for well-child screenings on topics such as adolescent health and children with special health care needs. The State's former State Dental Director has moved to a new role as the Region IV Head Start Oral Health Consultant, where he is helping to update the Head Start program's performance standards regarding oral health to promote more consistent guidance for Head Start and Early Head Start in areas such as tooth brushing, use of toothpaste, and application of fluoride varnish.

- In Virginia, the Bright Futures guidelines were adopted more broadly as the official State standard for child health. This included an official kickoff event, development of a Bright Futures Virginia Web site, designation of two Bright Futures Coordinators within the State Department of Health, and convening of a Bright Futures Advisory Committee composed of public and private partners focused on spreading Bright Futures into private practice and community level activities. The adoption of Bright Futures as a State standard for child health also has helped policymakers and advocates for child health in their efforts to integrate the quality of care promulgated by Bright Futures into public policies, such as requirements for school physicals.

**Institutionalizing Bright Futures through State policies, performance measures, and plans.** Several States have tried to further institutionalize the use of Bright Futures across their public health programs by inserting Bright Futures into official plans and documents. In Washington, Bright Futures has been incorporated as part of the Title V needs assessment performance measures. In Virginia, Bright Futures is specifically referenced in State regulations regarding EPSDT program services and children's eligibility for special health needs services. It is integrated in the Performance Improvement Plan for mental health services, was identified as a strategy in 18 of the State's 54 Healthy People Virginia 2010 objectives, and has been required to be included in workplans and strategic plans across the State's Department of Health.

The institutionalization of Bright Futures in public policy and program planning is important, not only for sustaining the quality standards and philosophy that Bright Futures represents but also for the ripple effect it creates in improving public health practice. The hope of the types of policy changes described here is that they will help change the conceptual framework for child health from the traditional, medically based model to one that is more holistic, developmentally based, and grounded in the family and community contexts in which children live and grow.

### Education and Training of Health and Related Professionals

One of the most widespread uses of Bright Futures across all of the case study States is in the education and training of health professionals, both in the preservice training environment and in opportunities for continuing education. This is in part because the Bright Futures guidelines and materials are seen as very useful in promoting child and adolescent health and wellness due to their comprehensiveness, anticipatory guidance, and easy-to-use formats. It is also because training is so critical to spreading the understanding and use of Bright Futures across diverse practice settings and environments. Thus, training has been a priority area for numerous States trying to promote the broader use of Bright Futures among providers, families, and communities to improve knowledge, skills, consistency, participation, and ultimately the quality of children's health.

Training is critical to spreading the understanding and use of Bright Futures across diverse practice settings and environments.

For example, in Georgia, in response to surveys of local public health staff members regarding their training and technical assistance needs, the State hired additional staff members to support the use of Bright Futures. They designated a Bright Futures "point person" who holds district-level Bright Futures trainings that offer continuing education credits for public health staff members. The trainings focus on the use of Bright Futures in the context of the State EPSDT program and as a way to foster improvements in the State's child health indicators. Similarly, the two designated Bright Futures Coordinators in the Virginia Department of Health have developed and conducted numerous Bright Futures trainings across the State's public health districts. These were directed at many types of audiences, ranging from public health nurses and home visitors to child care consultants, nutritionists, and new employees within the Health Department's Office of Family Services. The Coordinators developed specialized training tools and programs, including a tabletop display to be used in community settings and at meetings to help educate parents about Bright Futures. In both Georgia and Virginia, as in the other case study States, trainings have taken the forms both of general introductions to Bright Futures and of more targeted trainings oriented toward particular health professionals or areas of focus, such as nutrition, oral health, or mental health.

Here are some select examples that illustrate the range and types of targeted trainings that have been undertaken:

- **Public health nurses.** This group was a major focus of Bright Futures training across all of the States interviewed for these case studies. For example, in Louisiana, all of the State's public health nurses (approximately 500) were trained in using the Bright Futures guidelines, including techniques for implementing the anticipatory guidance and strengthening interviewing and counseling skills related to child health. In Maine, one of the State's earliest Bright Futures activities consisted of training the regional public health nursing staff to use the Bright Futures

health supervision guidelines. In Virginia, numerous training efforts targeted public health nurses and nurse practitioners, including the development of distance learning materials developed with a grant from HRSA that could be used for continuing education credits.

- **School nurses.** This group of professionals also has been a target of Bright Futures training activities across various States. For example, in Washington State, the Bright Futures mental health materials have been used to train members of the School Nurse Corps, which serves rural school districts throughout the State. Washington also developed a train-the-trainer model that these school nurses could take back and use in their districts. In South Carolina, 400 of the State's 500 school nurses took part in regional trainings on oral health using the Bright Futures materials.

- **Private providers.** In Maine, as part of the effort to adopt Bright Futures as the standard of care for the State's public insurance programs (in which 89 percent of the State's primary care providers participate), statewide trainings were conducted for child health providers to describe the Bright Futures philosophy and health supervision standards. Trainings were also conducted with the State immunization program staff, who in turn incorporated Bright Futures into their one-on-one meetings with private providers.

- **Child care providers.** This audience is seen as an excellent one for Bright Futures, since child care providers are well-placed to look at children from a developmental standpoint and interact so directly with both children and parents. There are multiple examples of ways Bright Futures has been used with this group. For example, the Port Gamble S'Klallam Tribe in Washington State uses Bright Futures as part of its Head Start program to encourage parents to be active partners in their children's health and to increase education about nutrition and physical activity. In Virginia, Bright Futures is used as a resource and educational tool by child care licensing agents who work with child care providers to ensure they meet licensing standards.

**The Bright Futures materials help to convey what it means to practice health promotion and preventive care. They offer real-life scenarios that illustrate the types of situations providers will encounter with children and families in the practice setting.**

- **Community health workers and home visiting program staff members.** This audience was the focus of multiple trainings in each of the case study States. For example, in South Carolina, trainings were conducted with lay health workers in faith-based organizations to support their role in addressing the oral health needs of their communities. Participants received copies of the *Bright Futures Oral Health Pocket Guide.* In Virginia, the Department of Health's two Bright Futures coordinators worked with James Madison University to develop a Bright Futures manual for community health workers that was distributed to the Resource

Mothers Program which provides home visits to high-risk mothers and their infants.

- **Nutritionists.** State nutritionists in Louisiana, South Carolina, and Virginia were trained to use the *Bright Futures in Practice: Nutrition* manual. In Louisiana, this manual was also used as a resource for developing parent education materials. Unfortunately, in Virginia, there was a total turnover of the State nutrition staff following this training, so many effects were dissipated.

- **Cross-disciplinary and cross-agency trainings.** Several States used Bright Futures oral health materials to conduct trainings with oral health providers and with nondental providers, such as nurse practitioners, pediatric residents, childcare providers, and school nurses. Similarly, the Bright Futures mental health materials have been used widely to train not only mental health and substance abuse providers (including those who do not work with children typically) but also many other types of providers, such as family life educators, school nurses, and home visiting program staff members. In Georgia, the State offered seven regional cross-agency trainings directed at staff members from areas such as early childhood, child care, substance abuse, and child welfare focused on the social and emotional development of children from birth to age 5. These trainings included the presentation and distribution of numerous Bright Futures resources, including the health supervision guidelines and *Bright Futures in Practice: Mental Health.* Similar activities focused on the needs of older children are being planned.

Bright Futures also has been used within academic medical institutions for the preservice training of medical students/residents, nursing students, and other health care professionals. For example:

- In Washington, Bright Futures materials have been integrated into the curricula of the schools of Nursing, Public Health, and Medicine and in MCHB-funded training programs. The University of Washington's Family and Child Nursing Program developed mini-videos for nurse practitioners demonstrating the application of Bright Futures in a well-child visit within the context of its emphasis on partnerships, communication, health promotion, time management, education, and advocacy. Bright Futures materials also are used in nurse practitioner courses and in continuing education courses for graduate nurses.

- Pediatric residents at both Virginia Commonwealth University (VCU) Medical School and Tulane University School of Medicine have been trained in the clinical applications of Bright Futures. *Bright Futures in Practice: Oral Health* is also featured at an annual lecture to students of the Medical College of Georgia School of Dentistry.

- VCU faculty members have collaborated with partners from the State's Department of Health, AAP Chapter, and Medicaid office to develop a series of Web-based training modules based on Bright Futures and presented as individual case studies. These are targeted to pediatric, nursing, and nutrition students, and to a secondary audience of family practice physicians, nurse practi-

tioners, physician assistants, Medicaid providers, community health providers, clinic nurses, and unlicensed assistive personnel.

Faculty members explain that the Bright Futures materials, especially the pocket guides, are very useful tools for working with medical residents and health profession students. These help explain how to conduct a preventive care visit and illustrate the types of interactions that future providers can expect to encounter in the clinical practice setting.

### Clinical Practice

In keeping with its goal of improving the quality of child health care, Bright Futures has been used in the clinical practice setting to improve quality assurance and consistency across providers. For example, in Georgia, the Bright Futures anticipatory guidance was integrated into the EPSDT well-child exams as a strategy to help improve State child health indicators. In Virginia, the State AAP President participated in the development of a new ADHD assessment tool, inspired by Bright Futures, that could be used by providers, teachers, and others working with children. This was in response to concerns raised in the State legislature that the rates of ADHD diagnoses and medication were too high (e.g., 26 percent of boys in Norfolk had been diagnosed with ADHD).

In Maine, Bright Futures has been used not only to ensure quality and consistency across EPSDT visits but also to "close the loop" between well-child health exams and needed followup for children in the public health system. The Maine Medicaid program has devised clinical forms based on Bright Futures for all recommended well-child visits within the program. Those forms are submitted to the State's Medicaid Bureau, which reviews them and sends those needing followup to the State's public health nurses who work with families and local agencies to ensure that appropriate followup is obtained. The nurses communicate with the referring providers regarding the outcome of the followup activities.

**In Maine, providers using the Bright Futures clinical forms are reimbursed at a higher rate. This incentive, coupled with State agency support, has helped providers and planners to put into practice a broader definition of well-child care that includes mental health, social and cognitive development, oral health, and family relationships.**

In Georgia, the State has an 80 percent target measure for the provision of parenting education as part of well-child exams. Results indicate that public health district scores have increased since the introduction of Bright Futures and now average a score of 95 percent.

At the individual private practice level, two practices in Virginia described using Bright Futures-based clinical forms and the Bright Futures guidelines, tip sheets, and family materials to help meet auditing and reporting requirements for well-child visits and certain chronic-care or specialty visits. They noted that these materials also helped improve consistency and record keeping across a busy practice with multiple providers.

## Education and Outreach to Families and Communities

One of the central features of Bright Futures is its recognition of the critical role played by families and communities, who are the central players in children's day-to-day environments, in promoting children's health. States interviewed for these case studies have incorporated this philosophy into their Bright Futures activities. Efforts to engage families and community-based organizations are described below.

**Direct outreach to families.** States conduct outreach to families about their children's health through both provider-client encounters and broader communications strategies.

- **Provider-client encounters.** Other than well-child visits, which take place in clinical settings, Bright Futures was most commonly identified by the case study States as being used in direct client encounters that take place as part of home visiting and case management programs for at-risk children, pregnant women, and families, such as Louisiana's Nurse Family Partnership program for low-income, first-time mothers and their babies. Home visiting programs use Bright Futures to improve the quality and consistency of their educational and outreach efforts. Indeed, home visiting program staff members and other key informants referred to the Bright Futures guidelines as a home visiting "handbook," the "bible for health education," and the "gold standard" for home visiting. They noted the value of the case examples and family materials for providing home visitors with clear language for speaking to high-risk families, especially regarding difficult topics such as mental health, violence, and sexuality. Bright Futures' comprehensiveness and organization around developmental periods were cited as facilitating the provision of age-appropriate information and guidance to families; this is especially useful for less-experienced workers or those who see children of multiple ages, including adolescent mothers with young children. The anticipatory guidance and preventive focus of Bright Futures also were seen to be important in helping families in crisis, who are overwhelmed with issues of daily living, to think about longer-term issues related to their child's healthy development (e.g., why it is important to read to children or stay up to date on immunizations).

> **"Bright Futures is the bible for health education. It is clear, concise, and easily understandable."**
>
> —Health Department Staff, South Carolina

- **Broader communications strategies.** Another approach used by the case study States for reaching families with Bright Futures-based health promotion messages is to use broader-based outreach strategies, such as mass-marketing campaigns. South Carolina is conducting a "Happy 1st Birthday" social marketing campaign based on Bright Futures oral health recommendations which encourages parents to begin oral health care during infancy. In Virginia, the Office of the Governor initiated the development of a New Parents' Kit including a baby's first year calendar and other materials based on Bright Futures for distribution by hospitals, and the Bright Futures

Coordinators are working to develop a video by teens for teens to encourage regular use of health care services. Maine sends each family with a child enrolled in its MaineCare public insurance program, for which Bright Futures is the standard of care, reminders about scheduled well-child visits and a guide describing why preventive care is important, explaining what to expect during medical and dental checkups and offering a section for parents to keep track of questions they wish to ask their provider.

**School-related efforts.** As described earlier, numerous States have engaged school nurses in their Bright Futures training activities. Beyond that, States also recognize the potential offered by schools for directly reaching children and their families by incorporating Bright Futures messages into academic lessons. One strategy has been to link Bright Futures to academic standards. For example, the Virginia Bright Futures Coordinators successfully advocated for the inclusion of information from Bright Futures materials on nutrition and physical activity into the physical education curriculum for the Virginia Standards of Learning, which guide the content of public school curricula across the State, and are working on doing the same for oral health messages. On a more individual level, Bright Futures has been used as a resource in the development of Individual Education Plans (IEPs) for special-needs children, as reported by some private health practitioners working with schools to develop IEPs for their patients.

**Efforts focused in child care settings.** Given the significant amount of time that children spend in child care, and the influence of child care providers have with children and their parents, this is another setting in which some of the case study States have targeted Bright Futures efforts. For example, South Carolina has developed activities for use in the child care setting to educate and engage young children in oral health; the State's Bright Futures-based *Child Care Center Oral Health Training Curriculum* includes activities for children as well as parent education sheets to reinforce center-based lessons in the home. The Virginia Bright Futures Coordinators are also working with child care providers and the State's Head Start training network to integrate Bright Futures health promotion elements into the child care setting.

**Schools, child care providers, and community organizations are important partners for disseminating Bright Futures messages to children and families.**

**Partnerships with community organizations.** The case study interviews identified some interesting examples of partnerships with community organizations to disseminate Bright Futures messages and engage Bright Futures champions in nonhealth care settings. In South Carolina, the Department of Health is working with faith-based partners to implement a lay oral health education program incorporating Bright Futures messages in high-risk communities. Another example of a community-based Bright Futures partner was the Children's Museum of Richmond, VA. A museum representative served on the Bright Futures Virginia Advisory Board, the museum made Bright Futures materials available in its family resource room, and it

sponsored family resource fairs and community education events on child development. Although the museum's focus on Bright Futures was not sustained over time, it provided a promising example of how museums can be effective partners in promoting health education in an environment that may feel less threatening than a health care setting to some consumers.

## Challenges and Strategies

As described above, the case study States have succeeded in using Bright Futures in myriad ways to promote children's health. The key-informant interviews in all States, however, also identified important ongoing challenges that hinder efforts both to maintain and enhance existing Bright Futures activities, as well as to expand their scope and engage a broader array of Bright Futures partners. This section discusses the major challenges experienced across these States, as well as strategies for addressing these. An overview of these challenges and strategies is presented in Table 2.

### CHALLENGE

**Engaging private providers.** The need to expand Bright Futures buy-in and use among private-sector providers was an issue identified by all of the case study States. Even in States in which the State AAP Chapter is an active Bright Futures partner, such as Virginia, engaging providers at an individual level remains a long-term and ongoing process. The challenge is particularly difficult to overcome in States where, although public health leaders may have a strong commitment to Bright Futures promotion, private-sector leadership has not identified adoption of Bright Futures as a priority. The case study findings indicate that many private providers in each State view Bright Futures (if they know about it) as something that duplicates existing guidelines, is likely to take too long to include in the tight time frames allocated for well-child visits, and will not be adequately reimbursed.

### Strategies

While highlighting the difficulty and ongoing nature of addressing this challenge, the case studies also revealed numerous strategies for facilitating private providers' buy-in of Bright Futures:

- **Incorporate Bright Futures into State Medicaid/SCHIP program protocols, policies, and reimbursement schedules.** Support of Bright Futures health supervision guidelines by the State Medicaid program was reported to be a critical factor in facilitating provider receptivity to Bright Futures. Maine adopted Bright Futures as the standard of care for its MaineCare public insurance program and reports that most of the participating providers are complying with Bright Futures standards, as evidenced by their submission of clinical forms for each recommended well-child visit designed by the State based on Bright Futures. The State reimburses providers at an enhanced reimbursement rate for completing these forms and provides ongoing training and support to physicians in their compliance with the Bright Futures health supervision standards.

- **Integrate Bright Futures into preservice and continuing education training programs for health professionals.** Reinforcing a major finding of the national process evaluation,

**Table 2.**
**Challenges to State Bright Futures Efforts and Strategies for Addressing Them**

| CHALLENGE | STRATEGIES |
|---|---|
| **Engaging private providers** | ▪ Incorporate Bright Futures into State Medicaid/SCHIP program protocols, policies, and reimbursement schedules<br>▪ Integrate Bright Futures into preservice and continuing education training programs for health professionals<br>▪ Engage the State AAP Chapter as a Bright Futures partner<br>▪ Identify Bright Futures champions among private providers |
| **Translating policy into practice** | ▪ Introduce change incrementally<br>▪ Present Bright Futures as a tool for bringing added value to existing practices or programs<br>▪ Take advantage of periods of change<br>▪ Offer continuing education credits for Bright Futures trainings |
| **Providing ongoing training targeted to audience needs** | ▪ Offer multistaged training opportunities<br>▪ Allocate resources for individualized followup training<br>▪ Tailor training opportunities and materials |
| **Dealing with staff turnover** | ▪ Institute Bright Futures through policies and procedures that will remain in effect beyond staff changes<br>▪ Incorporate Bright Futures into staff orientation materials and programs<br>▪ Require that Bright Futures be incorporated into work plans<br>▪ Identify opportunities resulting from the staff changes |
| **Obtaining funding for Bright Futures materials** | ▪ Solicit support for materials dissemination from internal and external partners<br>▪ Build the cost of materials into new proposals for funding<br>▪ Access materials online |
| **Engaging partners who may not see themselves as focused on child health** | ▪ Incorporate Bright Futures into accepted frameworks<br>▪ Frame Bright Futures as a tool for addressing a concern or problem<br>▪ Identify opportunities in which Bright Futures can serve as a resource<br>▪ Reach out to new partners |
| **Getting information about existing Bright Futures resources and the experiences of others in using Bright Futures** | ▪ Review the national Bright Futures process evaluation, State-specific case studies, Bright Futures how-to guide, and list of other online resources (**www.hsrnet.com/brightfutures**)<br>▪ Visit the AAP Bright Futures Web site (**www.aap.org/brightfutures**)<br>▪ Reach out to others active in using Bright Futures<br>▪ Share the Bright Futures story |

the case studies emphasize the importance of incorporating Bright Futures into health professional training programs as a means for promoting its use among providers once they enter practice. A major benefit of Washington's contractual relationship with the University of Washington (UW) to spearhead Bright Futures activities is the close proximity and ongoing relationships between the contracted Bright Futures staff and other university staff members, who have fostered the use of Bright Futures materials as part of curricula in UW's health professionals schools including the Schools of Nursing, Public Health, and Medicine. As described earlier, key informants from a Virginia medical school emphasized the value of Bright Futures materials for preparing residents trained in hospital settings for primary and preventive care practice, and public and private Bright Futures Virginia partners recently launched a Web-based Bright Futures training module for health care professionals for which continuing education credits are available.

- **Engage the State AAP Chapter as a Bright Futures partner.** In some States, the State AAP chapter has been a longstanding Bright Futures partner, and State efforts have benefited, for example, from resources to distribute health supervision guidelines to chapter members, the communications network with Chapter members, and political clout in legislative and policy advocacy efforts. In other cases, the State AAP Chapter is just becoming involved in helping to engage the private provider community in Bright Futures. Some State AAP chapters report that stronger leadership from the national AAP organization is needed before Bright Futures is likely to be become a higher priority; it is anticipated that the national AAP's release of the third edition of the Bright Futures health supervision guidelines, which will integrate existing AAP health supervision guidelines, will offer a critical opportunity for national AAP leadership to bolster State and provider-level involvement in Bright Futures efforts.

**State AAP Chapters are critical partners in promoting Bright Futures use among private providers.**

- **Identify Bright Futures champions among private providers.** Providers who have used Bright Futures and found it to be a useful tool are likely to be among the most influential people in raising awareness about and interest in Bright Futures among providers who have yet to integrate it into practice. The case studies and the process evaluation found that just one Bright Futures champion within a practice setting can have considerable success in integrating its use across the practices' providers. Featuring these Bright Futures champions at professional meetings can help to spread interest much more broadly.

## CHALLENGE

**Translating policy into practice.** Closely related to efforts to engage private providers is the challenge of translating policies establishing Bright Futures as a standard of care into practice, both in private and public health settings. Although adoption of Bright Futures at a State level is a powerful tool for change, translating

State-level policies into practice at the regional and local levels requires ongoing effort and resources. Key informants described the challenges that are typically experienced when clinical staff members are asked to modify well-established routines in order to incorporate a new way of doing business. In some cases, district or local level leadership resisted changes instituted at the State level.

### Strategies

The case studies indicate that the following strategies can help to facilitate the adoption of Bright Futures in both public- and private-sector settings:

- **Introduce change incrementally.** While introducing a completely new way of doing business may be met with understandable skepticism, modifications of protocols with which providers are already familiar are likely to be accepted more readily. For example, in Georgia, public health nurses were initially uncertain how State-level efforts to improve the quality of Health Check (Medicaid/EPSDT) screening exams would affect them, they but were happy to see that, rather than requiring them to use completely new clinical forms, Bright Futures was incorporated into existing forms. In a busy private practice, time is needed for building consensus and matching different practice styles with new approaches.

> "To adopt Bright Futures across a busy practice, you have to acknowledge that practitioners all have their own practice styles. To implement change, you must find consensus and match those practice styles."
>
> —Pediatrician, Private Practice

- **Present Bright Futures as a tool for bringing added value to existing practices or programs.** In the face of financial pressures and time constraints, it is unrealistic to expect staff members to adopt new practices unless these can bring clear added value to their work. For example, in several instances the acceptance of new patient encounter forms, based on the Bright Futures guidelines, was due to recognition that the forms were easier to use than prior ones, saved time, and ultimately improved service delivery by adding greater efficiency and accuracy in patient records. In addition, public health administrators note that presenting Bright Futures as a resource rather than as a mandate draws a much more favorable response.

- **Take advantage of periods of change.** Periods of change offer natural opportunities for integrating Bright Futures. For example, staff changes in a clinical or public health setting can offer the chance to introduce or renew interest in Bright Futures. Several States include Bright Futures materials among those provided to new staff members to introduce them to the Bright Futures philosophy and to use as a resource in their job responsibilities.

- **Offer continuing education credits for Bright Futures trainings.** In order to meet professional continuing education requirements, health professionals are often looking for opportunities to participate in trainings. Numerous States use these credits as an incentive for health professionals to learn

about Bright Futures and ways that it can be used in various settings.

### CHALLENGE

**Providing ongoing training targeted to audience needs.** One of the most commonly cited challenges had to do with developing and providing Bright Futures training to public health professionals, health care providers, and others who work with children. Several respondents commented on the absence of a national training module to accompany the Bright Futures program and materials and simple guidance to help explain the varied aspects of Bright Futures. In addition, while the regional workshops held in many of the case study States were a useful strategy for rolling out State Bright Futures initiatives and providing a broad overview of Bright Futures, participants in these sessions frequently noted the need for more concrete, hands-on assistance in determining how the health supervision guidelines could be applied within their own settings.

### Strategies

Although the need for training in the case study States is an ongoing one, the following examples demonstrate ways in which they have tried to address this need.

- **Offer multistaged training opportunities.** Several States built in multiple opportunities to train the same target audience to allow for skill building and sharing of experiences. In Washington, school nurses were brought together first for a general train-the-trainer program designed to facilitate their ability to address mental health issues. Participants were required to develop a Bright Futures workplan describing how they intended to train other school nurses. The training participants were brought together again approximately 9 months after the initial training to discuss implementation experiences in the field.

- **Allocate resources for individualized followup training.** After conducting regional Bright Futures trainings to launch its Bright Futures-based EPSDT quality improvement initiative, Georgia hired a staff person whose responsibilities included providing additional trainings to assist local public health providers in implementing Bright Futures in their own clinics. A critical component of this strategy is ensuring that local level providers are aware of this resource and how to access it.

- **Tailor training opportunities and materials.** While some case study States have offered training for a cross-section of providers, others have found it important also to offer trainings more tailored to the needs of specific target audiences, such as child care providers and school nurses. In a few cases, the States also have developed tailored curricula to use in these trainings as well as in health professionals training programs, which have contributed to the Bright Futures resource base. However, due to the resource intensive nature of this strategy and the desire to avoid reinventing the wheel, key informants emphasized the importance of learning about and using existing

**Bright Futures trainings should be tailored to meet the needs of different target audiences.**

resources. They noted that this continues to be a challenge and emphasized the importance of bolstering capacity at the national level for increasing awareness of and facilitating access to existing Bright Futures resources.

### CHALLENGE

**Dealing with staff turnover.** Another frustration noted by key informants was the frequency of staff changes that occur in public health and other settings. These staff changes carry costs in terms of both institutional memory and resources invested in Bright Futures training. On the other hand, as indicated by the strategies identified below, staff changes also can present opportunities for furthering Bright Futures.

### Strategies

The following strategies can help to maintain and even strengthen Bright Futures efforts in the event of staff changes continually experienced in both public health and private sector settings.

- **Institute Bright Futures through policies and procedures that will remain in effect beyond staff changes.** Incorporating the Bright Futures philosophy, strategies, and use of materials into policies and procedures can formalize the integration of Bright Futures and sustain it over time despite changes in personnel. Bright Futures can be incorporated into memoranda of understanding, contracts, strategic plans, regulations, requests for proposals, and position descriptions. For example, as the standard of care for MaineCare, Bright Futures is reflected in patient encounter forms used by providers and incorporated into the Public Health Nursing Policy and Procedure Manual.

> "You have to institutionalize Bright Futures. As people move around, if you don't write it down, it gets lost."
>
> —State Health Department Employee, Virginia

- **Incorporate Bright Futures into staff orientation materials and programs.** Inclusion of Bright Futures into staff orientation procedures and materials ensures that new staff members recognize the value placed on Bright Futures within the organization. Several case study States reported the value of Bright Futures materials in orienting new personnel to their positions and the organizational philosophy and providing an ongoing resource for health promotion activities.

- **Require that Bright Futures be incorporated into work plans.** In some case study States, participants in certain trainings were required to develop work plans to implement Bright Futures. As part of the Bright Futures Virginia launch, the State held a multiday training session for teams of public health staff members from local districts, and each team was required to develop a 6-month plan for implementing Bright Futures in their district. A followup at the end of this period of time indicated that 80 percent of those plans had been implemented.

- **Identify opportunities resulting from staff changes.** While the departure of staff members who have been trained in Bright Futures can hinder efforts to institutionalize Bright Futures use, staff changes also intro-

duce periods of change that can facilitate introduction of Bright Futures, especially when the departed staff person was resistant to its adoption. Further, the relocation of staff members who are convinced of Bright Futures' value can facilitate the adoption of Bright Futures in new settings. Finally, new staff members can help bring renewed energy to Bright Futures-related endeavors and foster another generation of Bright Futures champions.

### CHALLENGE

**Obtaining funding for Bright Futures materials.** In the earlier years of the Bright Futures initiative, Pfizer was a major corporate sponsor and played a critical role in disseminating hard copies of the Bright Futures materials, especially to pediatricians and families. For the Bright Futures trainings hosted by the case study States, State health department funds typically have been used to purchase a limited supply of materials for training participants. However, both State and local-level key informants noted that the costs of these materials are prohibitively high, limiting their ability to share the materials with public health staff members and others expected to adhere to Bright Futures standards, as well as to promote its use both by existing and potential Bright Futures partners.

### Strategies

While the difficulty of purchasing adequate supplies of Bright Futures materials remains a particularly challenging one for State and local Bright Futures partners, the following strategies may help to address the demand for materials.

- **Solicit support for materials dissemination from internal and external partners.** If convinced of the value of Bright Futures, policy and program decisionmakers within State Title V, Medicaid, WIC, early intervention, child care, and other venues may be able to allocate funding for purchasing materials. Private partners also may be willing to support outreach efforts by funding the distribution of Bright Futures materials to their members or affiliates. For example, the Virginia State AAP Chapter distributed copies of *Bright Futures Guidelines for Health Supervision* to its members when the State adopted Bright Futures as its standard of care.

**Policy and program decisionmakers convinced of the value of Bright Futures may be able to allocate funding for purchasing Bright Futures materials.**

- **Build the cost of materials into new proposals for funding.** Bright Futures can be a useful tool in an array of child health promotion activities that may be supported by public or private grant funding opportunities. Costs associated with materials dissemination may also be included as part of funding proposals.

- **Access materials online.** Although key informants emphasized that online access to Bright Futures materials does not replace the need for dissemination of hardcopies, all nationally produced Bright Futures materials are available online on AAP's Bright Futures Web site free of charge.

## CHALLENGE

**Engaging partners who may not see themselves as focused on child health.** Some agencies or organizations, especially those that are not explicitly focused on health care or health issues, may not recognize the role that Bright Futures can play in helping them to achieve their goals. While the potential audience for Bright Futures is extremely broad, engaging them takes ongoing commitment, time, and resources.

### Strategies

The following approaches can help to ensure ongoing progress in the goal of widening the base of Bright Futures partners.

- **Incorporate Bright Futures into accepted frameworks.** In cases in which an organization could have a major impact on child health but Bright Futures is not a ready fit to their way of doing business, it may be necessary to incorporate Bright Futures components into existing guidance or frameworks. As noted earlier, case study States have found that incorporating Bright Futures messages into academic standards of learning can be critical to engaging schools as Bright Futures partners.

- **Frame Bright Futures as a tool for addressing a concern or problem.** While potential Bright Futures partners may view Bright Futures as nice, they are unlikely to embrace the philosophy and materials actively unless it is seen as a positive response to a perceived problem that is important to them, such as helping children learn in school or reducing childhood obesity. Numerous case study States used Bright Futures as a tool for improving performance on child health indicators or enhancing quality of care and found these goals to be helpful in unifying diverse groups of stakeholders in efforts to promote child health and safety.

- **Identify opportunities in which Bright Futures can serve as a resource.** While many people might know about Bright Futures, it takes repeated reminders of its existence and identification of how it can be used in order to facilitate its widespread adoption. Key informants stressed the importance of Bright Futures advocates continually seeking opportunities – often readily available in their ongoing job responsibilities such as serving on committees addressing health and social service issues – in which Bright Futures can serve as a useful resource.

- **Reach out to new partners.** There remains significant opportunity for broadening the number and range of Bright Futures partners. Taking the time to identify potentially interested audiences (e.g., youth clubs, summer camps, business groups) and introducing them to Bright Futures can pay multiple dividends. It can improve the consistency of health promotion messages across a community or State, and it can engage a broader array of providers, families, agencies, and organizations in efforts to improve children's health.

**Bright Futures resources are available online at:**

**www.aap.org/brightfutures**

**www.hsrnet.com/brightfutures**

### CHALLENGE

**Getting information about existing Bright Futures resources and the experiences of others in using Bright Futures.** While there is a diverse and broad array of individuals, agencies, and organizations using Bright Futures in many different ways, the people and activities largely remain disconnected. Key informants indicated a strong desire to obtain more easily information about other Bright Futures activities in their own and other States and share experiences and resources.

### Strategies

Numerous strategies were identified or requested by key informants to help further the exchange of information and resources about Bright Futures and its uses in diverse settings.

- **Review the national Bright Futures process evaluation, State-specific case studies, Bright Futures how-to guide, and list of other online resources.** These materials offer a wealth of insight regarding the history and evolution of the Bright Futures initiative, the types of individuals and organizations that have used Bright Futures, and why and how they have done so. They are available at **www.hsrnet.com/brightfutures.**

- **Visit the AAP Bright Futures Web site.** In addition to providing access to online Bright Futures materials, AAP's Bright Futures Web site (**www.aap.org/brightfutures**) provides information on new developments in Bright Futures and highlights resources of interest to the Bright Futures community. The site also includes examples of "Bright Futures in Practice" showing how Bright Futures is being used in different States across the country and among different categories of organizations (e.g., county health departments, nonprofit organizations).

- **Reach out to others active in using Bright Futures.** The AAP Bright Futures Web site has contact information for individuals and organizations featured in its "Bright Futures in Practice" examples. The State-specific case studies also include names of key informants interviewed for the study. These represent Bright Futures champions and other individuals eager to share stories and strategies.

- **Share the Bright Futures story.** Key informants noted that there are numerous large meetings devoted to issues such as Medicaid, maternal and child health, public health training, and such that provide excellent opportunities for sharing presentations, posters, and information. In addition, they cited other information exchange opportunities that should be further utilized, such as association and public health network listservs and newsletters. Two States, Virginia and Washington, have developed their own Bright Futures Web site or electronic newsletter. Several individuals expressed the hope that there would be more MCHB-sponsored national meetings specifically designed to talk about Bright Futures.

## Sustaining Bright Futures

One of the research questions explored in the case studies had to do with identifying the core elements of a successful Bright Futures implementation effort. This question helped to elicit information not only on how State-level Bright Futures efforts and activities are adopted more broadly at the State level but also how they

evolve and are sustained over time. In some of the case study States, Bright Futures activities have gathered momentum over a period of years and become increasingly influential in guiding State health promotion activities for children and families. In other cases, the use of Bright Futures was initially strong but then diminished. In most of the study States, the use of Bright Futures continues to evolve, with ongoing efforts to engage new partners and to identify new ways that Bright Futures could be used in health promotion efforts. It is important to note, however, that all of the study States experienced times during which Bright Futures was more or less actively used. Furthermore, reflective of the varied audiences and uses for Bright Futures, there typically have been multiple paths being followed in the same State, often at the same time, to further the Bright Futures philosophy and messages.

**To be sustainable, Bright Futures efforts need champions and continued commitment of resources. They also must bring added value and be integrated into program policy and planning.**

The Bright Futures case studies, as well as the national process evaluation conducted previously, indicate that successfully integrating Bright Futures into child health promotion efforts and supporting its ongoing use and evolution over time depends on several factors:

- **Bright Futures champions.** Individuals who believe in the value of Bright Futures and can identify it as a resource in efforts to address various needs and problems are critical not only to initiating Bright Futures use but also its growth and long-term sustainability. While expanding the number and types of champions is key to broadening opportunities for using Bright Futures, the case studies demonstrate that even one individual in a key leadership position – with the capacity to influence staff orientation, training, and policy development – can be very influential in infusing Bright Futures principles and messages into State health promotion efforts.

- **Ongoing commitment and resources.** The experience of the case study States indicates that spreading use of Bright Futures is an ongoing and long-term process, with time and resources needed to engage partners, develop champions, provide training, and foster opportunities for using Bright Futures in various venues and across changing times, administrations, priorities, and staffs. In States that have identified one or more staff persons to serve as Bright Futures coordinators or point persons (e.g., Virginia, Washington, Georgia), key informants emphasized the value of this approach for growing and sustaining Bright Futures efforts. Title V funds have provided a major source of support for these staff resources, both within health departments and, in the case of Washington, through contracted staff. Grants from public and private sources and, in the case of Washington, a Congressional earmark also have supported Bright Futures activities. A lack of funds for critical activities – such as Maine's need to translate Bright Futures clinical forms into an electronic format that can be used with the State's new electronic medical records

system – can greatly hamper Bright Futures sustainability efforts.

- **Added value.** For Bright Futures to be accepted and integrated into practice over a sustained period of time, it must add value to the people and organizations using it. The States that have used Bright Futures over time have reported its value in such areas as improving quality standards, providing a framework for policies and programs, and delivering consistent health promotion messages.

- **Integration of Bright Futures into policies and programs.** Integrating Bright Futures into policies, strategic plans, and programmatic goals and structures that will remain in place through changes in administrations and staff can help to lay a strong framework for its continued use and support.

When considering Bright Futures' sustainability over time, it is important to recognize that Bright Futures may be sustained explicitly or implicitly. While many key informants stressed the value of the "Bright Futures" label and status as a national initiative with broad public and private support in obtaining buy-in for its use, others noted that the Bright Futures philosophy and approach is often used but not identified by name. For example, in South Carolina, Bright Futures has been used extensively by State health department officials to shape policies and programs to promote children's oral health, but the "Bright Futures" name is not widely recognized by local-level partners.

> **"A lot of what we do is what Bright Futures offers; we just never put that name on it."**
> — KEY INFORMANT IN LOUISIANA

## Looking to the Future

The case studies indicate that Bright Futures has served as a valuable resource in efforts to promote quality of care, broaden the array of partners involved in improving children's health, and improve consistency in health promotion messages. Based on these experiences, the case study States identified, and are pursuing, additional opportunities for using Bright Futures to further health promotion goals. For instance, Several States noted their ongoing work to introduce Bright Futures to new partners and to develop targeted training materials for certain audiences.

As described above, States face numerous challenges in furthering their Bright Futures efforts. While the case studies illuminated strategies that States could use for addressing these, key informants noted that in some areas, national leadership from the MCHB/HRSA, AAP, or others could be particularly helpful. These areas include:

- **Facilitating linkages across States using Bright Futures to share experiences, resources, and lessons.** Key informants expressed a deep interest in being better connected to others using Bright Futures, especially to reduce duplication of effort in sharing training and other resources. In addition to disseminating the Bright Futures case study reports, one avenue for addressing this need is providing an opportunity for Bright Futures leaders to meet in person, which

would allow for more indepth exchanges, foster a more connected Bright Futures community that could bolster Bright Futures efforts into the future, and also inform national efforts led by MCHB and AAP to provide support for the initiative's ongoing development and evolution. Developing an easily accessible centralized clearinghouse of existing Bright Futures resources including those produced at the State level also would help to address this identified need.

- **Providing nationally produced training and publicity resources to facilitate outreach to new partners.** As noted previously, key informants noted an ongoing need for more targeted training resources to introduce various audiences to Bright Futures and facilitate its use in practice; having such resources available at the national level (and which would build on those developed by States) would reduce greatly the burden on States and others to develop new materials on their own. Similarly, States noted that nationally developed Bright Futures publicity materials that simply describe what Bright Futures is, clearly identify Bright Futures as a national initiative, and include a section for State-specific information would help to simplify outreach strategies and create more linkages and cohesion among Bright Futures activities nationally.

- **Integrating Bright Futures in Federal funding opportunities.** Explicit reference to Bright Futures in MCHB and broader HRSA-supported funding opportunities, as well as those offered by other Federal agencies, would raise the visibility of Bright Futures, provide incentive for its use, and offer financial support for Bright Futures activities. Given the reported difficulty of financing purchases of Bright Futures materials, Federal support for materials dissemination in these funding opportunities or other means (e.g., engaging a new corporate partner to support materials dissemination as Pfizer did previously) also would be very helpful to State and local Bright Futures efforts.

- **Engaging private providers.** Bright Futures clearly has been more widely used in the public sector than in the private sector. Numerous key informants stressed the need for stronger national leadership in more actively engaging State AAP chapters in promoting Bright Futures among their members. Given that many pediatric providers have viewed Bright Futures and AAP's existing health supervision guidelines as being duplicative, the convergence of these two sets of guidelines in the forthcoming third edition of the Bright Futures guidelines will present a critical opportunity for more broadly engaging private providers as Bright Futures partners.

## Conclusion

In summary, the Bright Futures case studies illustrate the varied roles that Bright Futures has played in public health efforts to improve child and family health. The study findings also confirm the great potential that remains for broader application of the Bright Futures philosophy and approach in ongoing efforts to nurture the optimal growth and development of children.